

## MOTOR CARRIER OF PROPERTY PERMIT PROGRAM NOTICE OF CHANGE

This form is to be completed for a change of name, change of address, or adding or deleting a 'dba'. If your business structure has changed in some way, a new application must be filed.

☐ CHANGE OF NAME

☐ CHANGE OF ADDRESS

☐ ADDING/DELETING DBA

CA #

### SECTION A: INFORMATION ON RECORD WITH THE DEPARTMENT

**Complete all items in this section.**

BUSINESS NAME

BUSINESS ADDRESS

CITY

COUNTY

STATE

ZIP CODE

MAILING ADDRESS (IF DIFFERENT)

CITY

COUNTY

STATE

ZIP CODE

### SECTION B: REQUESTED CHANGES TO THE MOTOR CARRIER PERMIT ACCOUNT

**Complete only the items that are changing.**

BUSINESS NAME

BUSINESS ADDRESS

CITY

COUNTY

STATE

ZIP CODE

TELEPHONE NUMBER

MAILING ADDRESS (IF DIFFERENT)

CITY

COUNTY

STATE

ZIP CODE

TELEPHONE NUMBER

ADD DBA

DELETE DBA

*I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

SIGNATURE

**X**

If you have any questions please contact the Motor Carrier Permit Branch at (916) 657-8153.  
Return the completed form to:

DEPARTMENT OF MOTOR VEHICLES  
MOTOR CARRIER PERMIT BRANCH MS: G875  
P. O. BOX 932370  
SACRAMENTO, CA 94232-3700